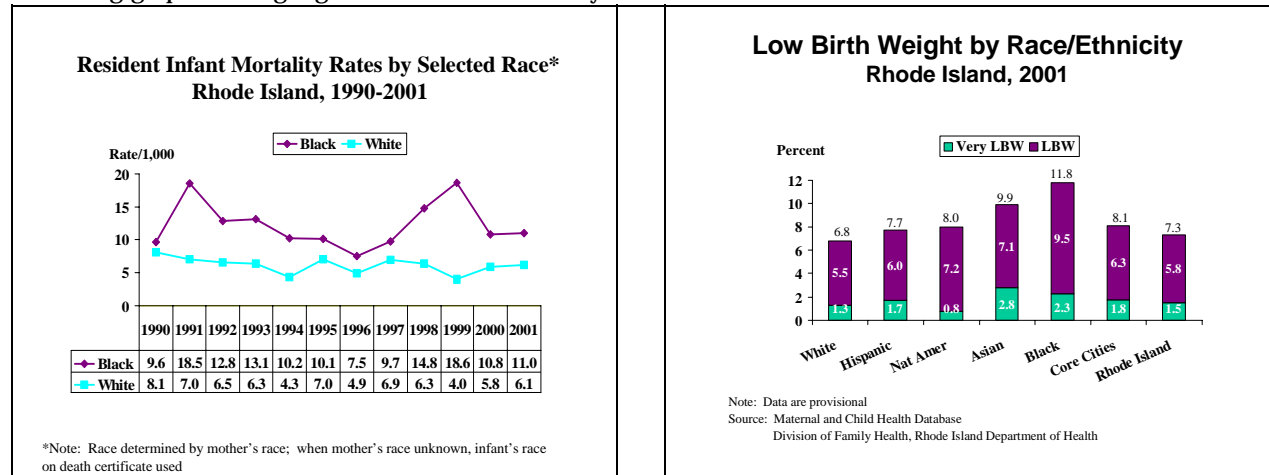


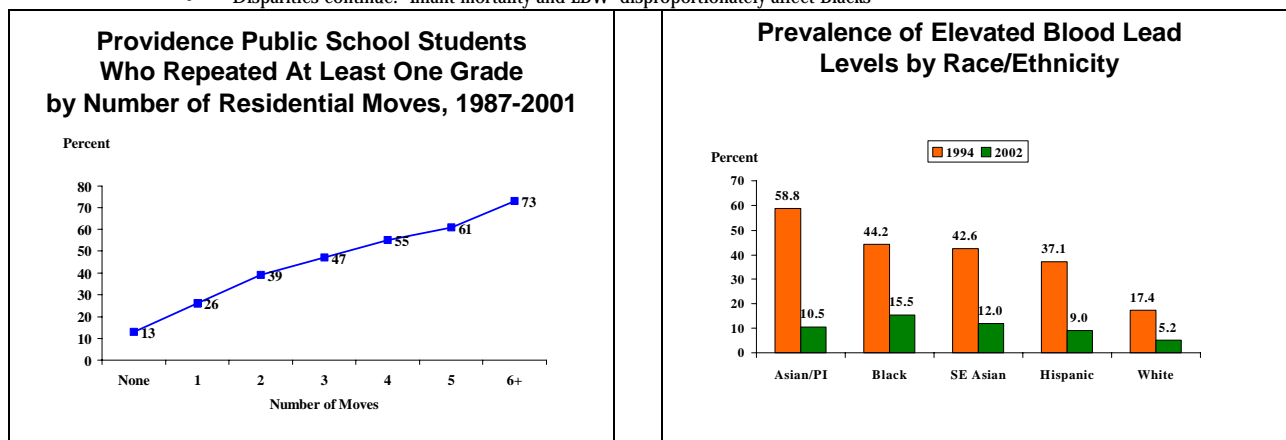
FAMILY HEALTH IN RHODE ISLAND – 2004

The Division of Family Health in the Department of Health is responsible for a variety of major programs that address child development, health and prevention, such as newborn screening, immunization, family planning, nutrition, Early Intervention, lead poisoning, adolescent and school health, as well as services for families raising children who have special needs. Each year, the Division of Family Health is required to submit a plan for family health, called FAMILY HEALTH IN RHODE ISLAND (FHRI), to the federal Maternal and Child Health Bureau. The Title V process includes: reviewing data on the health of families and children and getting input from parents, professionals, and others. **We hope you will take a few minutes to review this information on families and children, and then give us your suggestions on important needs and opportunities for family health in Rhode Island in the coming year. Please use the form that comes with this sheet.**

The following graphs are highlights of some of our family health data.



- Deliveries in RI increased from 12,364 in 1999 to 12,906 in 2002
- More babies are born smaller (Low Birth Weight) and earlier (prematurity)
- Progress has slowed in decreasing infant mortality
- Disparities continue. Infant mortality and LBW disproportionately affect Blacks



- 26% of young children in Providence moved more than twice during their first five years
- Both health and success in school depend on safe, stable homes for families
- The percentage of children with high lead levels ($\geq 10\mu\text{g/dL}$) has been decreasing. But Rhode Island's rates are substantially higher than the national average and there are significant disparities.

Other family health data facts:

- New England and Rhode Island have a higher proportion of children with special health care needs compared to the nation.
- Currently, WIC data indicates that 43% (5,602) of children between the ages 2 and 5 are overweight. To address this concern WIC provides nutrition education, healthy foods, and promotes physical activity.
- 2/3 of EI services are delivered at home or in other natural environment.

MAKE HEALTH PART OF YOUR FAMILY

RHODE ISLAND DEPARTMENT OF HEALTH

FAMILY HEALTH IN RHODE ISLAND - 2004

WHAT ARE MAJOR FAMILY HEALTH NEEDS? We have analyzed the vital statistics, newborn screening, KIDSNET, surveys, and many other sources for critical family health issues that need attention:

- Low birth weight, childhood asthma, obesity, and behavioral problems are increasing, which pose important challenges to both public health and a stressed medical care system.
- Research on brain development of both infants and adolescents tells us there are critical periods when childhood poverty, mobility, and family isolation make good food, health care, safe housing, a place to learn, and other critical health needs very challenging for both parents and providers.
- There are gaps in Rhode Island's capacity to provide critical health and child development services. From genetics, to mental health and specialty medical services, to dental care, to breastfeeding support, to preschool screening, to after school programs
- School success is the major focus and measure of the RI Children's Cabinet goals. Success will require better access to quality early child development programs, a health home, and an excellent system of support and prevention services for school age kids.

WHAT ARE THE CURRENT FAMILY HEALTH PRIORITIES? Family Health leaders and partners have suggested several areas of special emphasis:

- **Access to Critical Health Services for All Children** - We need to assure developmental screening, immunization, and all the elements of a medical home to all children, and make sure that WIC, Early Intervention, healthy child care, and other targeted investments reach all eligible families.
- **Quality of Family Health Services** - We need to integrate program data, family feedback, and professional assessments to be sure that programs are responsive to families' needs, with consistent quality of care, and special attention to services for children with special health needs
- **Parent Development** - There is a strong need and demand for community and parent-to-parent supports for families facing the challenges of childrearing, especially children with special needs.
- **School Age Children** – Lifelong health habits and risks are established in the school years. We need to make schools a critical community source *of health, mental health, and family support services for youths' success.*
- **Safe and Healthy Communities** - Lead poisoning, injuries, violence, and environmental toxins need to be addressed at the neighborhood level where children are exposed. The goal should be safe nurturing communities where families can thrive together.
- **Public Health Information and Communication** - From immunization and breastfeeding, to parenting adolescents and imagining terrorism, there is enormous need for good useful information to help families raise successful kids. We are investing in good data and excellent education for families on these issues.